PORM D RECEIVED CCT © 3 2006

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB APF	PROVAL
Expires: Estimate	ed average	3235-00 April 30, 20 burden16
	SEC USI	E ONLY
Prefix		Sei
	1	l
	DATE RE	CEIVED
	1	1

185,-7	OTHE CHATTED OF PERMITS EXEMINET	
Name of Offering (☐ check if this is Issuance of Beneficial Interests of Pref	an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Type of Filing: New Filing		Section 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested abo Name of Issuer	out the issuer an amendment and name has changed, and indicate change.	06049291
Address of Executive Offices:	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Co (800) 366.7426
Address of Principal Offices (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Co
Brief Description of Business: Priva	ate Investment Company	"HUCESE
Type of Business Organization ☐ corporation ☐ business trust	E minios paraieione, amene, reme	other (please specify) SCT 1920 ited Liability Company
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat	n or Organization: 1 2 0 1 tion: (Enter two-letter U.S. Postal Service Abbreviation for State; CN for Canada; FN for other foreign jurisdiction)	☐ Actual ☐ Estimated ☐ Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. c U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the dat which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any characteristic the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appeared not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have ado ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales a be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompthis form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, fail to file the appropriate federal notice will not result in a loss of an available state exemption unless such exempt is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

SEC 1972 (5-05)



	not required	to respond unless the form	.,,		
		A. BASIC ID	ENTIFICATION DATA	4	
 Each beneficial own Each executive offic 	e issuer, if the issuer er having the pow er and director of	ior has been organized with	act the vote or disposition o	f, 10% or more of ing partners of par	a class of equity securities of the issurtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Part
Full Name (Last name first, if	individual): Mo	rgan Keegan Fund Manag	ement, Inc.		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e): 50 North Front Street	, Memphis, TN 38	103
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Part
Full Name (Last name first, i	f individual):	AcQuiston, Thomas J.			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e): 50 North Front Street,	Memphis, TN 38	103
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Par
Full Name (Last name first, i	f individual): V	Veller, Joseph C.			
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): 50 North Front Street	Memphis, TN 38	103
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Par
Full Name (Last name first, i	f individual):	Maxell, Charles D.			
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	e): 50 North Front Street	, Memphis, TN 38	103
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Par
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	le):		·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Pa
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Pa
Full Name (Last name first,	if individual):				
Business or Residence Add	iress (Number and	d Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Pa
Full Name (Last name first,	if individual):				
Business or Residence Add	iress (Number and	d Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Pa

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING													
	Answer also in Appendix, Column 2, if filing under ULOE. \$200,000*										00,000*		
2. What is the minimum investment that will be deserved meaning.										* May b	e waived		
3. Doe	e the offeri	na nermit	ioint owne	shin of a	sinale unit	?						⊠ Yes	□ No
4. Enter	The state of the seath percent who has been or will be paid or given, directly or indirectly.												
Full Nam	e (Last nar	ne first, if	individual)										
Business or Residence Address (Number and Street, City, State, Zip Code) 50 North Front Street, Morgan Keegan Tower, Memphis, TN 38103													
Name of	Associated	Broker o	r Dealer	Morga	n Keegan	& Compa	ny, Inc.						
States in	Which Per	rson Listed	d Has Solid	ited or Int	ends to So	olicit Purch	asers						
_ `	eck "All Sta		eck individ				[DE]		☐ [FL]	☐ [GA]	☐ [HI]	□ [ID]	ZZ / III SIGIOS
[AL]					[LA]	☐ [ME]			[MI]	(MN]	☐ [MS]	☐ [MO]	
		☐ [IA] ☐ [NV]	☐ [NH]	□ [NJ]	☐ [NM]			☐ [ND]	□ [OH]	_ [OK]	☐ [OR]		
☐ [MT] ☐ [Ri]	☐ [NE] ☐ [SC]						□ [VA]	[WA]		-	□ [WY]	□ [PR]	
Full Nam	ne (Last na	me first, if	individual)										
Busines	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name of	Associate	d Broker o	or Dealer		-								
States in	Which Pe	rson Liste	d Has Soli	cited or In	tends to Ses)	olicit Purch	nasers						All States
(O,	□ [AK]	☐ [AZ]	☐ [AR]	☐ [CA]	[CO]		□ [DE]		□ [FL]	☐ [GA]	[HI]	□ [ID]	
	□ [IN]	[IA]	□ [KS]	[KY]	□ [LA]	[ME]	☐ [MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
☐ [MT]	□ [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]			
☐ [RI]	☐ [SC]	☐ [SD]	□ [TN]	[XT]	[TU]	[VT]	□ [VA]	□ [WA]	□ [WV]	[WI]	[WY]	☐ [PR] ————	
Full Nar	ne (Last na	ıme first, if	individual)									
Busines	s or Reside	ence Addr	ess (Numb	er and St	reet, City,	State, Zip	Code)						
Name o	f Associate	ed Broker	or Dealer										
States i	n Which Peneck "All S	erson Liste	ed Has Sol	icited or In	itends to S	olicit Purc	hasers						All States
(O			[AR]					☐ [DC]	□ [FL]	☐ [GA]	☐ [HI]	□ [ID]	
	☐ [IN]	□ [IA]	[KS]	[KY]		[ME]		☐ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	[MO]	
[MT]		□ [NV]	□ [NH]	□ [NJ]	☐ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	☐ [OR]	☐ [PA]	
☐ [RI]	[sc]		☐ [TN]	□ [TX]	[UT]	□ [VT]	☐ [VA]	□ [WA]	[WV]	[WI]	☐ [WY]	☐ [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND US	E OF PROCEE	DS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	·			
	Type of Security	(Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	
	Equity		0	\$_	
	☐ Common ☐ Preferred	-			
	Convertible Securities (including warrants)	\$	0	\$	
	Partnership Interests			\$	
		\$	100,000,000	s	25,153,4
	Other (Specify) Beneficial Interests Total	\$	100,000,000		25,153,4
	Total Answer also in Appendix, Column 3, if filing under ULOE	<u> </u>			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	·	67	_\$_	25,153,
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
			Types of		Dollar Amount
	Type of Offering		Security	•	Sold
	Rule 505		n/a	\$	
	Regulation A		n/a	<u>\$</u>	
	Rule 504		n/a	<u>\$</u>	
	Total		n/a	<u>\$</u> _	<u></u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗖	\$	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		🛛	\$	145,7
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify))			\$	

145,7

\$____

4	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to F "adjusted gross proceeds to the issuer."	Part C-Question 4.a. This	diπerence is the	е		<u>\$</u>	99,854,247
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in response	any purpose is not known, ne total of the payments lis	turnish an ited must equal		ments to		
				Dir	fficers, ectors & ffiliates		Payments to Others
	Salaries and fees			\$			\$
	Purchase of real estate			\$			\$
	Purchase, rental or leasing and installation of made	chinery and equipment		\$			\$
	Construction or leasing of plant buildings and faci			\$			\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the ass	ue of securities involved in	this				
	pursuant to a merger			\$. 🗆	<u>\$</u>
	Repayment of indebtedness		🗆	\$. 🗆	\$
	Working capital			\$	-	⊠	\$ 99,854,247
	Other (specify):		🗆	\$		_ 🗆	\$
			🗆	\$			\$
	Column Totals		🗆	\$			\$ 99,854,247
	Total payments Listed (column totals added)		•		⊠ <u>\$</u> 9) 9,85	4,247
		D. FEDERAL SIGN	IATUDE				
_	his issuer has duly caused this notice to be signed by the uponstitutes an undertaking by the issuer to furnish to the U.S y the issuer to any non-accredited investor pursuant to para	indersigned duly authorize S. Securities and Exchangagraph (b)(2) of Rule 502.	ed person. If this e Commission,	s notice is file upon written	request or its :	Stall, the	e following signature e information furnished
	ssuer (Print or Type)	Signature) <i>H</i>		ate	- 2 2006
	referred Fund of Funds LLC	Title of Signer (Print or		Susta	<u> </u>	crobe	r 2, 2006
	lame of Signer (Print or Type) homas J. McQuiston	President of Morgan		lanagement,	Inc., its Man	aging N	lember
•							
						•	
	•	ATTENTIO	N				
Γ	Intentional misstatements or omiss	sions of fact constitute f	ederal criminal	violations.	(See 18 U.S.	C. 1001	.)
1	**************************************						

		E. STATE SIGNATURE				
1.	Is any party described in 17 CFR 230.262 provisions of such rule?	presently subject to any of the disqualification	Yes 🛭 No			
	s	ee Appendix, Column 5, for state response.				
2.	The undersigned issuer hereby undertakes (17 CFR 239.500) at such times as require	to furnish to any state administrator of any state in which this notice id by state law.	is filed a notice on Form D			
3.	The undersigned issuer hereby undertakes	to furnish to the state administrators, upon written request, information	on furnished by the issuer to offere			
4.	The undersigned issuer represents that the Exemption (ULOE) of the state in which thi of establishing that these conditions have to	e issuer is familiar with the conditions that must be satisfied to be entit s notice is filed and understands that the issuer claiming the availabili seen satisfied.	tled to the Uniform limited Offering ity of this exemption has the burder			
	suer has read this notification and knows the cized person.	contents to be true and has duly caused this notice to be signed on its	behalf by the undersigned duly			
Issuer	(Print or Type)	Signature	Date			
Prefer	red Fund of Funds LLC	James Wanter	October 2, 2006			
Name	of Signer (Print or Type)	Title of Signer (Print or Type):				
Thom	as J. McQuiston	President of Morgan Keegan Fund Management, Inc., it	President of Morgan Keegan Fund Management, Inc., its Managing Member			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				API	PENDIX				
						4		5	
1	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disquali under Sta (if yes, explana waiver g (Part E –	fication te ULO attach tion of ranted)			
State	Yes	No	Beneficial Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		х	Beneficial Interests	2	\$500,000	0	\$0		X
AK									
AZ									
AR									
CA									<u> </u>
со	!								
СТ									<u> </u>
DE		Х	Beneficial Interests	1	\$1,023,000	0	\$0		×
DC			·						<u> </u>
FL		Х	Beneficial Interests	8	\$2,808,000	0	\$0		×
GA		Х	Beneficial Interests	12	\$2,016,715	0	\$0		×
н									<u> </u>
ID							<u> </u>		<u> </u>
IL									
IN									
IA									
KS									<u> </u>
KY		Х	Beneficial Interests	1	\$350,720	0	\$0		×
LA		Х	Beneficial Interests	1	\$91,000	0	\$0		×
ME									
MD		Х	Beneficial Interests	1	\$200,000	0	\$0		<u> </u>
MA									
MI									
MN									_
MS		х	Beneficial Interests	2	\$397,000	0	\$0		
МО		х	Beneficial Interests	1	\$200,000	0	\$0		
МТ									
NE		х	Beneficial Interests	1	\$100,000	0	\$0		 `
NV									
NH									
NJ									

				AP	PENDIX				
								5	
1	Intend to non-ad investors (Part B -	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		4 Type of investor and Amount purchased in State (Part C – Item 2)				ification ate ULO attach ation of granted)
State	Yes	No	Beneficial Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NM									
NY		х	Beneficial Interests	2	\$1,550,000	0	\$0		X
NC		Х	Beneficial Interests	10	\$4,068,800	0	\$0		X
ND									
ОН									
ок									<u> </u>
OR		Х	Beneficial Interests	1	\$1,500,000	0	\$0		X
PA								-	
RI									
sc		х	Beneficial Interests	1	\$200,000	0	\$0	<u>.</u>	×
SD									
TN		Х	Beneficial Interests	15	\$4,839,600	0	\$0		×
тх									+
UT									+-
VT						_		- 	X
VA		X	Beneficial Interests	1	\$300,000	0	\$0		+-
WA									X
wv		X	Beneficial Interests	5	\$5,233,611	0	\$0		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
WI		X	Beneficial Interests	2	\$575,000	0	\$0		+-^
WY									+-
Non									